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**FILED**

JEANNE A. NAUGHTON, CLERK

JUN 10 2020

U.S. BANKRUPTCY COURT  
NEWARK, N.J.

BY *[Signature]* DEPUTY

**Fill in this Information to identify the case:**

Debtor 1 DIONICIO BEATO  
First Name Middle Name Last Name

Debtor 2 JULIANA BEATO  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey  
(State)

Case number: 12-22876

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 614.57
Claimant's Name:	MIDLAND CREDIT MANAGEMENT
Claimant's Current Mailing Address, Telephone Number, and Email Address:	350 CAMINO DE LA REINA, #100 SAN DIEGO, CA 92108  Phone number: 877-495-2902 Email address: Mbx_ilms_bankruptcy@mcmcg.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**4. Notice to United States Attorney**

- Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of New Jersey  
Peter Rodino Federal Building  
970 Broad Street, Suite 700  
Newark, New Jersey 07102

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 6-5-2020

Signature of Applicant

MELISSA BYRD

Printed Name of Applicant

Address: 350 CAMINO DE LA REINA #100

SAN DIEGO, CA 92108

Telephone: 877-495-2902

Email: Mbx\_ilms\_bankruptcy@mcmcg.co

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



*Damanda Cane*  
*6-5-2020*

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

MIDLAND CREDIT MANAGEMENT  
350 CAMINO DE LA REINA #100  
SAN DIEGO, CA 92108  
877-495-2902  
MELISSA BYRD

In Re:

DIONICIO BEATO  
JULIANA BEATO

Case No.: 12-22876

Chapter: 13

Judge: Vincent F. Papalia

**ORDER GRANTING APPLICATION FOR  
PAYMENT OF UNCLAIMED FUNDS**

The relief set forth on the following page is **ORDERED**.

On \_\_\_\_\_, an application was filed for the Claimant(s), MIDLAND CREDIT MANAGEMENT, for payment of unclaimed funds deposited with the court pursuant to 11 U.S.C. § 347(a). The application and supporting documentation establish that the Claimant(s) is entitled to the unclaimed funds; accordingly, it is hereby

ORDERED that pursuant to 28 U.S.C. § 2042, the sum of \$614.57 held in unclaimed funds be made payable to MIDLAND CREDIT MANAGEMENT and be disbursed to the payee at the following address:  
350 CAMINO DE LA REINA #100  
SAN DIEGO, CA 92108  
\_\_\_\_\_  
\_\_\_\_\_

The Clerk will disburse these funds not earlier than 14 days after entry of this order.

[Refine your search](#)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

**Marie-Ann Greenberg MAG-1284  
Marie-Ann Greenberg, Standing Trustee  
30 TWO BRIDGES ROAD  
SUITE 330  
FAIRFIELD, NJ 07004-1550  
973-227-2840  
Chapter 13 Standing Trustee**

**IN RE:**

**DIONICIO BEATO  
JULIANA BEATO,**

**Debtors**

**Case No.: 12-22876 VFP**

**NOTICE DEPOSITING UNCLAIMED FUNDS  
PURSUANT TO D.N.J. LBR 7067-1**

Marie-Ann Greenberg, Trustee in the above captioned matter, states that the entire amount in the Trustee's Account has been disbursed and that the following funds remain unclaimed. The undersigned shall immediately forward a check to the Court in the amount of \$614.57, payable to the Clerk, United States Bankruptcy Court. The party entitled to said funds is listed below together with the last known address and other additional information.

Payee Name & Address: MIDLAND CREDIT MANAGEMENT  
8875 AERO DR STE 200  
SAN DIEGO, CA 92123

Amount: \$614.57

Trustee Claim Number: 13

Court Claim Number: 1

Reason: Checks have been returned as undeliverable

By: /S/ Marie-Ann Greenberg

MARIE-ANN GREENBERG  
CHAPTER 13 STANDING TRUSTEE

Dated: July 18, 2017

ACG Form B10 (12/11)

596119

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM						
Name of Debtor: Dionicio Bealo Juliana Beato	Case Number: 12-22876-MS-13	<b>COURT USE ONLY</b>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Midland Funding LLC		[ ] Check this box if this claim amends a previously filed claim.  Court Claim Number: (If known)  Filed on:						
Name and address where notices should be sent: Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123  Telephone number: 800-825-8131 Ext. 32986 email: Bankruptcy_dpt_mcm@MCMCG.COM		[ ] Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
Name and address where payment should be sent (if different from above): Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123  Telephone number: 800-825-8131 Ext. 32986 email: Bankruptcy_dpt_mcm@MCMCG.COM								
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ 17,154.42</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p><b>2. Basis for Claim:</b> Credit Card</p>								
3. Last four digits of any number by which creditor identifies debtor:  XXXXXXXXXXXX5963	3a. Debtor may have scheduled account as:  Citibank	3b. Uniform Claim Identifier (optional):						
<p><b>4. Secured Claim</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:</p> <p>Value of property: \$ _____</p> <p>Annual Interest Rate ____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection:</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>								
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the the following categories check the box specifying the priority and state the amount.</b></p> <table> <tr> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</td> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C §507 (a)(4).</td> <td><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).</td> </tr> <tr> <td><input type="checkbox"/> Up to \$2600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).</td> <td><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).</td> <td><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C §507 (a)(____). \$ _____</td> </tr> </table> <p>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p> <p><b>6. Credits.</b> The amount of all payments on this claim received as of the date the case was filed has been credited for the purpose of making this proof of claim.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C §507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).	<input type="checkbox"/> Up to \$2600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C §507 (a)(____). \$ _____
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C §507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).						
<input type="checkbox"/> Up to \$2600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C §507 (a)(____). \$ _____						

ACG Form B10 (12/11)

596119

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**7. Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached.

If the documents are not available, please explain:

**8. Signature:**

Check the appropriate box.

I am the creditor.  I am the creditor's authorized agent.  
(Attach copy of power of attorney, if any.)  I am the trustee, or the debtor.  
(See Bankruptcy Rule 3004.)  I am a guarantor, surety, indorser, or other codebtor.  
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Marian Garza  
Title: Paralegal  
Company: Ascension Capital Group, Inc.  
Address and telephone number (if different from the notice address above):  
P. O. Box 201347  
Arlington, TX 76006

/s/ Marian Garza 05/21/2012  
(Signature) (Date)

Telephone number: (888) 455-6662 email: pocfilings@acgbk.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

\* This form B10 has been modified by ACG in conformance with FED. R. BANKR. P. 9009 and compliance with FED. R. BANKR. P. 3001. This Form B10, as modified, is substantially similar to Official Form B10.

### SPECIAL POWER OF ATTORNEY

Each of Midland Credit Management, Inc. and Midland Funding LLC (collectively, "Midland") hereby expressly authorizes Ascension Capital Group, Inc. ("ACG"), or any one of its employees or representatives, as attorney in fact for the undersigned, and with full power of substitution, to prepare and execute Proofs of Claim in proceedings under the United States Bankruptcy Code on behalf of Midland.

ACG shall indemnify, defend and hold harmless Midland and its successors and assigns from and against any and all losses, costs, expenses (including, without limitation, actual attorneys' fees), damages, liabilities, demands, or claims of any kind whatsoever, ("Claims") arising out of, related to, or in connection with (i) any act taken by ACG (or its substitute or substitutes) pursuant to this Special Power of Attorney, which act results in a Claim solely by virtue of the unlawful use of this Special Power of Attorney (and not as a result of a Claim related to the underlying instrument with respect to which this Special Power of Attorney has been used), or (ii) any use or misuse of this Special Power of Attorney in any manner or by any person not expressly authorized hereby.

Third parties without actual notice may rely upon the power granted under this Special Power of Attorney upon the exercise of such power of the Attorney-in-fact that all conditions precedent to such exercise of power have been satisfied and that this Special Power of Attorney has not been revoked unless an instrument of revocation has been recorded.

This Special Power of Attorney, and all authority granted hereunder, shall be in full force and effect until terminated in writing by either party hereto.

Dated: November 18, 2011

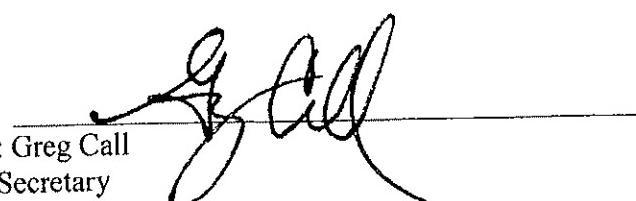
#### MIDLAND CREDIT MANAGEMENT, INC.

By: \_\_\_\_\_  
Name: Greg Call  
Title: Secretary



#### MIDLAND FUNDING LLC

By: \_\_\_\_\_  
Name: Greg Call  
Title: Secretary

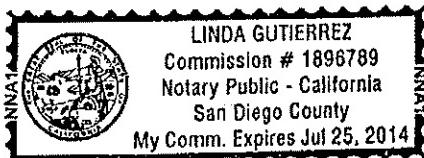


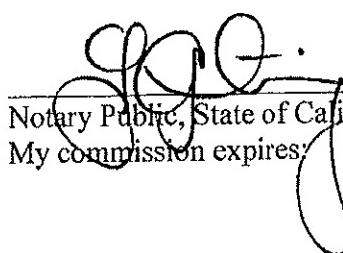
Case 12-22876-VFP Claim 1-1 Part 2 Filed 05/22/12 Desc Exhibit Contract/TITLE  
Page 2 of 4

STATE OF CALIFORNIA )  
                          )  
COUNTY OF San Diego )

On this 18<sup>th</sup> day of November, A.D., 2011, before me personally appeared Greg Call to me known to be the Secretary of Midland Credit Management, Inc. (the "Corporation") that executed the above instrument and acknowledged the instrument to be free and voluntary act and deed of the Corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

In witness whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

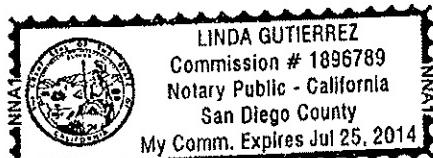


  
\_\_\_\_\_  
Notary Public, State of California  
My commission expires:

STATE OF CALIFORNIA )  
                          )  
COUNTY OF San Diego )

On this 18<sup>th</sup> day of November, A.D., 2011, before me personally appeared Greg Call to me known to be the Secretary of Midland Funding LLC (the "Company") that executed the above instrument and acknowledged the instrument to be free and voluntary act and deed of the Company, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

In witness whereof I have hereunto set my hand and affixed my official seal the day and year first above written.



  
\_\_\_\_\_  
Notary Public, State of California  
My commission expires:

Program: BK0621R  
User: PRODUCTIONReport Date: 05/18/2012  
Report Time: 19:00:00

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	Customer Additional Data Information	
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Issuer Information

Original Issuer: CITIBANK

Purchased From: CITIBANK (SOUTH DAKOTA), N.A. on 03/22/2010. Purchase Balance: \$14,988.57

Account Number: XXXXXXXXXXXXXXXX8182 Account Holder: DIONICIO BEATO

Open Date: 05/01/1993 MCM Account Number: XXXXXXXXXXXXXXXX5963

Last Payment received by Issuer - Date: 05/06/2009 Amount: \$400.00

Product Type: Visa or Mastercard

Charged Off Date: 12/15/2009

MCM Information

## Balance Information

## Last Payment Received by MCM

Total Due:

Date:

\$17,154.12

Amount: \$0.00

Interest Amount:

\$2,165.55

Unpaid Purchase Balance:

Portfolio No: 01011

\$14,988.57

Doc ID: 2100728190435946594

Interest Rate:

6.00

Interest Accrued through: 05/12/2012

Interest Method: Interest accrued from charge-off date

\*Total Due, Interest, and Unpaid Purchase Balance are all as of the Bankruptcy Petition Date

**BILL OF SALE AND ASSIGNMENT**

THIS BILL OF SALE AND ASSIGNMENT dated March 22, 2010, is between Citibank (South Dakota), N.A., National Association, a national banking association organized under the laws of the United States, located at 701 East 60th Street North, Sioux Falls, SD 57117 (the "Bank") and Midland Funding LLC, located at 8875 Aero Drive, Suite 200, San Diego, CA 92123 ("Buyer").

For value received and subject to the terms and conditions of the Purchase and Sale Agreement dated December 10, 2009, between Buyer and the Bank (the "Agreement"), the Bank does hereby transfer, sell, assign, convey, grant, bargain, set over and deliver to Buyer, and to Buyer's successors and assigns, all of the Bank's right, title and interest, in and to the Accounts described in Exhibit 1 and the Final Data File delivered on or about March 17, 2010.

Citibank (South Dakota), N.A.

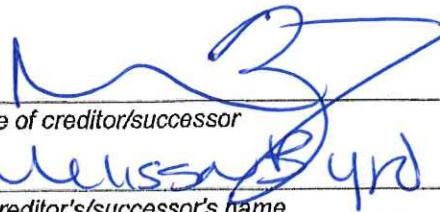
By Patricia Hall  
(Signature)

Name: Patricia Hall

Title: Financial Account Manager

Date: July 16, 2010



  
Signature of creditor/successor  
Melissa Bjrd  
Printed creditor's/successor's name  
PO Box 2011 Warren, MI 48090  
Creditor's/successor's address  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN, COUNTY OF Oakland

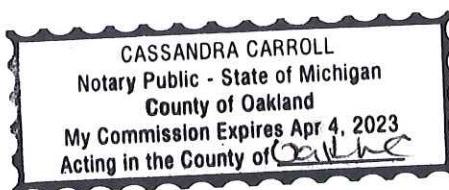
On 6-5-2020 before me, personally appeared (insert name and title of the signer)  
Melissa Bjrd Assistant Secretary

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

Cassandra Carroll  
Notary Public

My commission expires on 4-4-2023



**W-9**  
 Form (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

<b>Print or type. See Specific Instructions on page 3.</b>	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>MIDLAND CREDIT MANAGEMENT, INC.</b></p> <p>2 Business name/disregarded entity name, if different from above _____</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input checked="" type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____  <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ► _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt, or suite no.) See instructions.  <b>350 CAMINO DE LA REINA, SUITE 100</b></p> <p>6 City, state, and ZIP code  <b>SAN DIEGO, CA 92108</b></p> <p>7 List account number(s) here (optional)</p>
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<b>Part II</b>	<b>Taxpayer Identification Number (TIN)</b>																																				
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>																																					
<table border="1" style="margin-left: auto; margin-right: 0;"> <tr> <td colspan="3" style="padding: 2px;"><b>Social security number</b></td> </tr> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: 0;"> <tr> <td colspan="9" style="padding: 2px; text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 11.11px; height: 20px;"></td> </tr> <tr> <td style="width: 11.11px; height: 20px;"></td> </tr> </table>		<b>Social security number</b>									<b>Employer identification number</b>																										
<b>Social security number</b>																																					
<b>Employer identification number</b>																																					

<b>Part III</b>	<b>Certification</b>
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b> <u>D. M. Anderson</u>
------------------	---

Date ► 1/30/2018

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

AO 213  
(Rev. 08/13)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting and Financial Systems Division

**VENDOR INFORMATION/TIN CERTIFICATION**  
Mandatory Information that MUST be provided before submission

Ex-AO Employee  
 SAM Vendor  
(Formerly CCR)  
*(No TIN Certification Required)*

Vendor Address  Select all that apply <input type="checkbox"/> Order <input checked="" type="checkbox"/> Remit <input type="checkbox"/> 1099		Other Address (If different from Vendor Address)  Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	
Name: Midland Credit Management Inc		Address:	
Business Name: <i>(If different from above)</i>		City:	
Address 1: 350 Camino De La Reina Ste 100		State: Zip Code:	
Address 2:		Phone #:	
City: San Diego		Description: <i>(If needed)</i>	
State: CA Zip Code: 92103			
Phone #: 877-495-2902 E-mail: Mbx_ilms_bankruptcy@mc mcg.com			
Taxpayer Identification #: 48-0581733 <i>(TIN, SS, or EIN number)</i>			
DUNS #			
Financial Information (If Requested)			
Bank Name:		Routing # (this nine digit number appears on your checks, but do not include individual check numbers):	
City:		Account #:	
State: Zip Code:		Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Type of Organization for 1099 reporting:

- |   |   |
|---|---|
| <input type="checkbox"/> sole proprietorship;   | <input type="checkbox"/> partnership;                           |
| <input checked="" type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ;              | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider;  | <input type="checkbox"/> other: _____                           |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> |   |

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213  
(Rev. 08/13)

**Definitions:**

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement  
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business       Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below:*)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Black American  | <input type="checkbox"/> Subcontinent Asian (Asian-Indian)American |
| <input type="checkbox"/> Hispanic American      | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____                              |

Date: 6-5-2020

*Vendor's signature*

**For Agency Use Only**

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check [www.sam.gov](http://www.sam.gov) for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply:  Addition     Change     Vendor Code: \_\_\_\_\_ *(make entry only if change)*  
 Active     Inactive     Vendor Type: \_\_\_\_\_

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Identification of person making this request:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Originating Office: \_\_\_\_\_

Please type or print clearly.

For "AO" FAS4T Users only, e-mail the completed form to: AOdb OFB Client Service Desk/DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.  
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.  
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

**Midland Credit Management, Inc.  
Officer's Certificate**

**May 30, 2018**

Gregory L. Call, Executive Vice President and Corporate Secretary of Midland Credit Management, Inc. (the "Company") hereby certifies that the individual listed below is an officer of the Company and is duly authorized to request unclaimed/undeposited bankruptcy funds on behalf of the Company.

**Name**  
Melissa Byrd

**Title**  
Assistant Secretary

IN WITNESS WHEREOF, I have signed this certificate on the date set forth above.

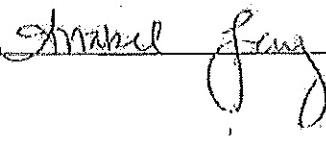
  
Name: Gregory L. Call  
Title: Executive Vice President & Corporate Secretary

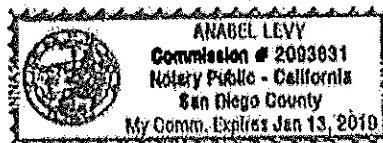
State of California  
County of San Diego

On May 30, 2018 before me, Anabel Levy, notary public personally appeared Gregory L. Call, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



**WRITTEN CONSENT OF THE BOARD OF DIRECTORS  
OF  
MIDLAND CREDIT MANAGEMENT, INC.**

June 14, 2017

Pursuant to Section 17-6301(f) of the Kansas Code, the undersigned, being all of the directors of Midland Credit Management, Inc., a Kansas corporation (the "Company"), do hereby waive notice and consent to the adoption of the following resolutions, which resolutions shall be deemed to be adopted as of the date hereof to the same extent and to have the same force and effect as if such resolutions were adopted by a unanimous vote of the Board of Directors (the "Board") of the Company at a duly convened meeting held for such purpose:

WHEREAS, the Company previously resolved to elect certain person to serve as officers of the Company, pursuant to certain Actions by Written Consent of the Board of Directors of the Company, and the Company desires to update such authorities by replacing such resolutions as set forth below.

**Removal of Officers**

RESOLVED, that each of the following persons be, and hereby is, removed from the office of the Company set forth opposite his or her name, effective as of the date hereof:

Kenneth A. Vecchione	-	Chief Executive Officer
Adam Sragovicz	-	Assistant Treasurer
Karen Chen	-	Assistant Secretary
Kevin Wiesner	-	Assistant Secretary

**Appointment of Officers**

RESOLVED, that each of the following persons be, and hereby is, appointed to the office of the Company set forth opposite his or her name, effective as of the date hereof, to serve in such capacity until his or her successor shall be duly elected or until his or her earlier death, resignation or removal:

Ashish Masih	-	President and Chief Executive Officer
Jonathan Clark	-	Executive Vice President, Chief Financial Officer and Treasurer
Paul Grinberg	-	President, International
Greg Call	-	Senior Vice President and Corporate Secretary
Amy Anuk	-	Senior Vice President, Business Development
Barbara Kennedy	-	Senior Vice President, Human Resources
Carl Eberling	-	Senior Vice President, Information Technology, and Chief Information Officer
John Yung	-	Senior Vice President, Strategy

Kaushik Kundu	- Senior Vice President, Internal Operations Collections
Ryan Bell	- Senior Vice President, Legal Collections Operations
Sheryl Wright	- Senior Vice President, Government Affairs
Scott Goverman	- Vice President, Corporate Development & Treasury and Assistant Treasurer
Ann Gill	- Vice President, Chief Accounting Officer and Assistant Treasurer
J. Mark Warner	- Vice President, Tax, and Assistant Treasurer
Andrew Asch	- Vice President, General Counsel, Assistant Secretary
Marni Heintz	- Assistant Treasurer
Brittany Lederman	- Assistant Secretary
Chris Perdue	- Assistant Secretary
David Snyder	- Assistant Secretary
Erin Funderburk	- Assistant Secretary
Greg Gerkin	- Assistant Secretary
Kyle Smith	- Assistant Secretary
Matt Jubenville	- Assistant Secretary
Melissa Byrd	- Assistant Secretary
Michael Chin	- Assistant Secretary
Nayri Rita Melkonian	- Assistant Secretary
Stelios Harris	- Assistant Secretary

FURTHER RESOLVED, that the Board hereby authorizes the Secretary of the Company to appoint any additional assistant treasurers, assistant secretaries or authorized representatives as the Secretary may deem necessary, desirable or advisable, and that the Secretary be, and hereby is, authorized, empowered and directed, in the name and on behalf of the Company to annex the resolutions of such appointments to these resolutions, and thereupon such resolutions shall be deemed the resolutions of the Board as if set forth herein;

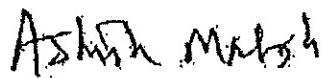
FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved.

FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved.

FURTHER RESOLVED, that the actions taken by this Consent shall have the same force and effect as if taken by the undersigned at a meeting duly called and constituted pursuant to the Company's organizational documents and applicable law.

FURTHER RESOLVED, that this Action by Written Consent of the Board of Directors may be executed in any number of counterparts, each of which shall be deemed an original and all of which when taken together shall constitute a single original consent.

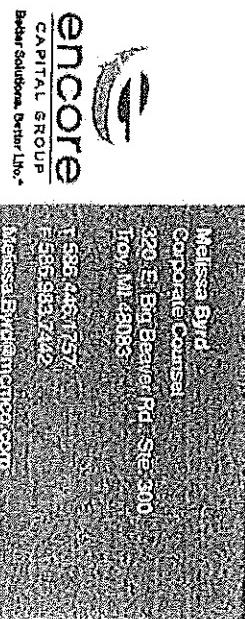
IN WITNESS WHEREOF, the undersigned have executed this Action by Written Consent of the Board of Directors as of the date first set forth above.



Ashish Masih



Jonathan Clark



**LIMITED POWER OF ATTORNEY**

Midland Credit Management, Inc., a Kansas corporation (the "Company") hereby makes, constitutes and appoints Melissa Byrd, an Assistant Secretary of the Company, (the "Grantee"), its true and lawful attorney-in-fact, and hereby authorizes and empowers Grantee, in the name of and on behalf of the Company, to have full power and authority to take any and all lawful acts which she may deem necessary or desirable to request and collect unclaimed/undeposited bankruptcy funds on behalf of the Company (the "Transactions"), including, but not limited to:

1. Execute, acknowledge, deliver, on behalf of the Company all agreements, documents, reports, filings, instruments, certificates and opinions required in connection with the Transactions;
2. Do and perform any and every act required, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the Company might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact shall lawfully do or cause to be done by virtue of this Limited Power of Attorney and the rights and powers herein granted.

This Limited Power of Attorney is effective immediately and will continue until it is revoked.

The undersigned has the authority to grant this Limited Power of Attorney consistent with his appointment as Executive Vice President, Chief Financial Officer and Treasurer of the Company pursuant to resolutions of the board of the Company dated June 14, 2017.

[SIGNATURE PAGE FOLLOWS]

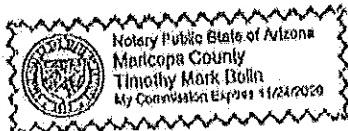
IN WITNESS WHEREOF, the undersigned has executed this Limited Power of Attorney as of this 14 day of June 2018.

Midland Credit Management, Inc.

By 

Name: Jonathan Clark  
Title: Executive Vice President, Chief Financial Officer and Treasurer

*Tim Bolin*



**WRITTEN CONSENT OF THE BOARD OF DIRECTORS  
OF  
MIDLAND CREDIT MANAGEMENT, INC.**

**February 17, 2020**

Pursuant to Section 17-6301(f) of the Kansas Code, the undersigned, being all of the directors of Midland Credit Management, Inc., a Kansas corporation (the "Company"), do hereby waive notice and consent to the adoption of the following resolutions, which resolutions shall be deemed to be adopted as of the date hereof to the same extent and to have the same force and effect as if such resolutions were adopted by a unanimous vote of the Board of Directors (the "Board") of the Company at a duly convened meeting held for such purpose:

WHEREAS, the Company previously resolved to elect certain person to serve as officers of the Company, pursuant to certain Actions by Written Consent of the Board of Directors of the Company, and the Company desires to update such authorities by replacing such resolutions as set forth below.

**Removal of Officers**

RESOLVED, that each person, other than those listed below under Appointment of Officers, be, and hereby is, removed from the office of the Company.

**Appointment of Officers**

RESOLVED, that each of the following persons be, and hereby is, appointed to the office of the Company set forth opposite his or her name, effective as of the date hereof, to serve in such capacity until his or her successor shall be duly elected or until his or her earlier death, resignation or removal:

Ryan Bell	President
Jonathan Clark	Executive Vice President, Chief Financial Officer and Treasurer
Greg Call	Executive Vice President and Corporate Secretary
Monique Dumais-Christope	Chief Information Officer
Mike Merle	Senior Vice President and Chief Administrative Officer
Darin Herring	Senior Vice President, Operations - Americas
Kaushik Kundu	Senior Vice President, Strategy & Analytics and Chief Analytics Officer
Sheryl Wright	Senior Vice President, External Affairs
Scott Goverman	Managing Vice President, Corporate Development & Treasury and Assistant Treasurer
J. Mark Warner	Vice President, Tax, and Assistant Treasurer
Andrew Asch	Managing Vice President, General Counsel, Assistant Secretary
Michael Hurley	Assistant Treasurer

FURTHER RESOLVED, that each employee of the Company assigned LGL – Transactions, LGL – Legal & Regulatory, LGL – Litigation, LGL –

Bankruptcy, LC – IL Legal, LC – LO Legal and LC – Production and Operations (the "Applicable Departments") (1) who is a licensed attorney or (2) who has a title of "Paralegal Manager" and above, "Legal Assistant" and above, "Legal Specialist" and above, or "Lead Specialist" and above, be and hereby is appointed to serve as an Assistant Secretary of the Company, until his or her successor shall be duly elected and qualified or until his or her earlier death, resignation or removal;

FURTHER RESOLVED, that each employee of the Company assigned to any of the Applicable Departments (1) who is a licensed attorney or (2) who has a title of "Paralegal" and above, "Legal Assistant" and above, "Legal Specialist" and above, "Lead Specialist" and above, or "Vendor Specialist" and above, be, and hereby is an "Authorized Representative" of the Company and is authorized to sign on behalf of the Company, as agents thereof, affidavits, declarations, verifications, or similar documents related to litigation matters involving the Company ("Litigation Documents") and is authorized to testify on behalf of the Company;

FURTHER RESOLVED, that each employee of the Company, assigned to any of the Applicable Departments who has a title of "Legal Administrative Assistant" and above hereby is an Authorized Representative of the Company and is authorized to sign Litigation Documents on behalf of the Company, as agents thereof;

FURTHER RESOLVED, that each employee of the Company with a title of "Specialist" and above, or any variation thereof, assigned to the Consumer Support Services department be, and hereby, is appointed as an Authorized Representative of the Company and is authorized to exercise powers, including investigating and responding to regulatory complaints until such time as he or she is no longer an employee of the Company;

FURTHER RESOLVED, that each employee of the Company with a title of "Process Excellence Manager" and above, or any variation thereof, assigned to Operations Risk Management be, and hereby is an Authorized Representative of the Company and is authorized to sign on behalf of the Company all Litigation Documents and is authorized to testify on behalf of the Company;

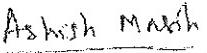
FURTHER RESOLVED, that the Board hereby authorizes the Secretary of the Company to appoint any additional assistant treasurers, assistant secretaries or authorized representatives as the Secretary may deem necessary, desirable or advisable, and that the Secretary be, and hereby is, authorized, empowered and directed, in the name and on behalf of the Company to annex the resolutions of such appointments to these resolutions, and thereupon such resolutions shall be deemed the resolutions of the Board as if set forth herein;

FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved; and

FURTHER RESOLVED, that this Action by Written Consent of the Board of Directors may be executed in any number of counterparts, each of which shall be deemed an original and all of which when taken together shall constitute a single original consent.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the undersigned have executed this Action by Written Consent of the Board of Directors as of the date first set forth above.

  
\_\_\_\_\_  
Ashish Masih

  
\_\_\_\_\_  
Jonathan Clark

  
\_\_\_\_\_  
Gregory Call

  
\_\_\_\_\_  
Ryan Bell